



**Kennel Record**

**# A015474**

**KITTY 2**

Treatment History

**Kitty 2 is a male, seal pt and white domestic mh, 5 months**

Intake Type

**STRAY**

Due Out Date

**03/23/19**

Intake Date

**01/23/19**

Reason

Kennel Status

**UNAVAIL**

Hold Notify

**Sorry No  
Image at this  
Time :(**

**01-29-19-TRANSFERRED TO PLACE LO AS**

Location Picked Up/Found:

**PARADISE**

Animal Notes & Behavior History



Kennel Record

# A015473

KITTY

Treatment History

Kitty is a female, brn tabby domestic sh, 5 months

Intake Type

STRAY

Due Out Date

03/23/19

Intake Date

01/23/19

Reason

Kennel Status

UNAVAIL

Hold Notify

Sorry No  
Image at this  
Time :(

01-23-19-TRANSFERRED TO PLACER CO, A.S.

Location Picked Up/Found:

SKYWAY

Animal Notes & Behavior History

Mouth.



Kennel Record

# A015489

F1079

F1079 is a male, brn tabby domestic sh, 3 years

Treatment History

T19-009054 01/29/19

NORMAL

NVADG-BCAC Microchipped #90007900063784

Intake Type  
STRAY

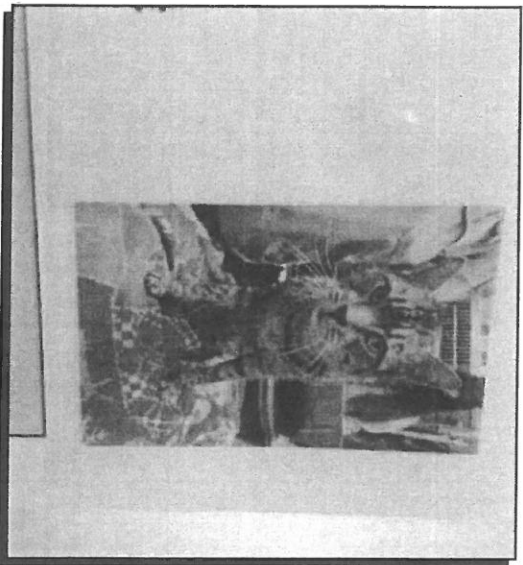
Due Out Date  
01/31/19

Intake Date  
12/31/18

Reason

Kennel Status  
STRAY WAIT

Hold Notify



1/29 - TRANSFERRED TO PLACER CO, AS

Location Picked Up/Found:  
5694 PENTZ "MOUTH"

chipped

Animal Notes & Behavior History

24  
"Mouth"  
18

## CAMP FIRE ANIMAL RESCUE

### -Basecamp Intake Record-

Help us care for this rescued animal by providing all of the information requested. Thank you!

#### Animal Description

Intake Date: \_\_\_\_\_

Species: Cat ☐ Dog ☐ Other \_\_\_\_\_ Age: \_\_\_\_\_

Breed: DOM Fur Length: SH

Main Color: BK/Tan Other Color(s): W/WH

Coat Pattern: Spotted Tabby

Eye Color: Green/Gold Declawed: Yes ☐ No ☒

Distinguishing Marks: SPOTTED 3 1/2 length TAIL

#### Animal ID# or Ticket#

**F1079**

#### Notes

Friendly

Name (if known): \_\_\_\_\_

Collar: \_\_\_\_\_ Tag Info: \_\_\_\_\_

Gender: Male ☒ Female ☐ Fixed: Yes ☒ No ☒ Unknown ☐

Microchip Scanned: ☐ Microchip #: \_\_\_\_\_

Tattoo: \_\_\_\_\_ Ear Tipped: Right ☐ Left ☐

#### Owner Details (if known)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Alt. Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Rescue Details

Date of Rescue: \_\_\_\_\_ Time: \_\_\_\_\_

Address/Location: 5694 Pentz (number & street)

Paradise (town & county)

Reason: Owner Request ☐ Loose ☐ Urgent/Injured ☐ Owner Surrender ☐ Deceased ☐

Live-Trapped: Yes ☐ No ☐ Nearby Target Animals: Yes ☐ No ☐ Ticket #s: \_\_\_\_\_

Notes: NOT TARGET



## -Basecamp Intake Record-

### Rescuer/Trapper Details

Name: \_\_\_\_\_ (print clearly)  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Alt. Phone: ( ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

By signing below, I do freely and voluntarily give custody of the animal(s) described herein to the Camp Fire animal rescue basecamp. No one has forced, coerced, or threatened me into surrendering the animal(s) and/or no promises or guarantees have been made for me to surrender the animal(s).

I certify that I **AM / AM NOT** (circle one) the sole owner of the animal described herein, or have the authority to surrender such animal as a Good Samaritan rescuer. I also understand that I surrender all rights of ownership to the Camp Fire animal rescue basecamp.

I acknowledge that the risk of injury, escape or death of the animal during an emergency cannot be eliminated. By signing, I do not hold the Camp Fire animal rescue volunteers or their representatives responsible for the injury, escape, or death of the animal during an emergency.

\*NOTICE: All animals surrendered as "Stray" or "Loose" will have their photo & information posted on various Facebook "lost & found pet" groups, shared widely online, recorded in a centralized Camp Fire animal tracking database, and registered with Butte County Animal Control to determine if anyone knows the rightful owner.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Transfer Details

#### Animal Transferred to:

- |  |           |
|--|-----------|
| <input type="checkbox"/> Local Veterinary Clinic -       | ph. _____ |
| <input type="checkbox"/> Animal Control Shelter -        | ph. _____ |
| <input type="checkbox"/> Temporary Disaster Shelter -    | ph. _____ |
| <input type="checkbox"/> Animal Rescue Group/Sanctuary - | ph. _____ |
| <input type="checkbox"/> Foster Care -                   | ph. _____ |
| <input type="checkbox"/> Other -                         | ph. _____ |

Transfer Date: \_\_\_\_\_

ID# or File# at Destination

Person Overseeing Transfer: \_\_\_\_\_

Notes: \_\_\_\_\_



## Butte County Animal Passport



### Part I - Identification of Animal

Name/Location Paradise	Shelter ID mouth	Microchip # 90007900063784	Sex Males
Breed Cat	Second Breed DSH	Color Blk/tan	Second Color w/wht
Age Adult	Special Markings	Date Found 12/31	Location Found
		Additional Notes: Cat #1	



### Part II - Identification of Butte County Point of Contact

Phone 530-552-3888	Fax 530-538-6329	Email address BCanimalcontrol@buttecounty.net
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### Part III - Health Examination

Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)			

FVRCP: R = Rhinotracheitis; C = Calicivirus; P = Panleukopenia; L = Feline Leukemia

Pertinent History:



## Butte County Animal Passport

### Part IV - Agreement of sheltering group

1. The animal depicted here is a resident of Butte county and is under the full control and management by Butte county Animal Services. All decisions regarding medical care, adoption, movement and handling must be cleared by Butte County Animal Services.
  2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contact above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordination with Butte County Animal Services.
  3. The Butte County Animal Passport will be valid for a period of 4 months and subject to renewal.
  4. The caretaking institution is responsible for proper husbandry and good animal welfare.
- I agree to the above clauses and will uphold agreements made with Butte county.**



**Kennel Record**  
**# A015496**  
**ROSIE**

Treatment History

**Rosie is a female, brn tabby and white domestic sh,  
3 years**

Intake Type  
**STRAY**

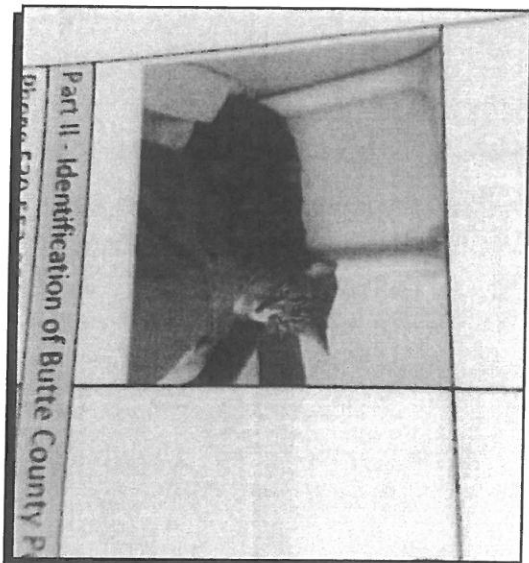
Due Out Date  
**02/04/19**

Intake Date  
**01/04/18**

Reason

Kennel Status  
**AVAILABLE**

Hold Notify



11/29 - TRANSFERRED TO PLACER CO A.S.

Location Picked Up/Found:


324 REDBUD

Animal Notes & Behavior History

Ø micho



## Butte County Animal Passport

Part I - Identification of Animal			
Name/Location	Shelter ID: Rosie	Microchip #	Sex: Female
Breed: Cat	Second Breed: DSH	Color: Gray-Tabby	Second Color:
Age	Special Markings:	Date Found: 1/4	Location Found: 324 RedBud
		Additional Notes: white on the mouth and the paws	
	Photo	Photo	Photo
Part II - Identification of Butte County Point of Contact			
Phone 530-552-3888	Fax 530-538-6329	Email address BCanimalcontrol@buttecounty.net	
Part III - Health Examination			
Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)			
FVRCP: R = Rhinotracheitis; C = Calicivirus; P = Panleukopenia; L = Feline Leukemia			
Pertinent History:			

A015496 - ADOPTED/RESCUE  
Placer County

01/04/19  
1:15

Kate - Camp Fire  
Blaze Pet Rescue & Reunification

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324 Redbud drive  
Paradise, CA 95969

no chip.  
female  
grey tabby with  
white mouth  
and paws.

"Rosie"



## Butte County Animal Passport

<b>Part IV - Agreement of sheltering group</b>
1. The animal depicted here is a resident of Butte county and is under the full control and management by Butte county Animal Services. All decisions regarding medical care, adoption, movement and handling must be cleared by Butte County Animal Services.
2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contact above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordination with Butte County Animal Services.
3. The Butte County Animal Passport will be valid for a period of 4 months and subject to renewal.
4. The caretaking institution is responsible for proper husbandry and good animal welfare.
<b>I agree to the above clauses and will uphold agreements made with Butte county.</b>



**Kennel Record**  
**# A015500**  
**BINKS**

**Binks is a male, black domestic sh, 3 years**

**Treatment History**

T19-009059 01/29/19 **NORMAL**  
NVADG-BCAC: FVRCP 01/12/19

Intake Type  
**STRAY**

Due Out Date  
**01/16/19**

Intake Date  
**12/16/18**

Reason

Kennel Status  
**AVAILABLE**

Hold Notify



*1/29 - Transferred to RACE & AS*

Location Picked Up/Found:

1065 FAIRVIEW/MAXWELL CHIP#900079000632792

Animal Notes & Behavior History





## Butte County Animal Passport



### Part I - Identification of Animal

Name/Location Paradise	Shelter ID Binks	Microchip # 900079000632792	Sex Male unaltered
Breed Cat	Second Breed DSH	Color Black	Second Color
Age Adult	Special Markings Scar on right ear	Date Found 12/16/18	Location Found 1065 Fairview/ Maxwell
		Additional Notes: Cat #5	



### Part II - Identification of Butte County Point of Contact

Phone 530-552-3888	Fax 530-538-6329	Email address BAnimalcontrol@buttecounty.net
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### Part III - Health Examination

Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)			
FVRCP	1/12/19		

FVRCP: R = Rhinotracheitis; C = Calicivirus; P = Panleukopenia; L = Feline Leukemia

Pertinent History:



## Butte County Animal Passport

### Part IV - Agreement of sheltering group

1. The animal depicted here is a resident of Butte county and is under the full control and management by Butte county Animal Services. All decisions regarding medical care, adoption, movement and handling must be cleared by Butte County Animal Services.

2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contact above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordination with Butte County Animal Services.

3. The Butte County Animal Passport will be valid for a period of 4 months and subject to renewal.

4. The caretaking institution is responsible for proper husbandry and good animal welfare.

**I agree to the above clauses and will uphold agreements made with Butte county.**



# Kennel Record

# A015499

LILY

Lily is a female, black and white domestic lh, 3 years

## Treatment History

T19-009058 01/29/19

NORMAL

NVADG-BCAC FVRCP given 01/10/2019

Preventative: Revolution given 01/10/2019

Intake Type

STRAY

Due Out Date

02/02/19

Intake Date

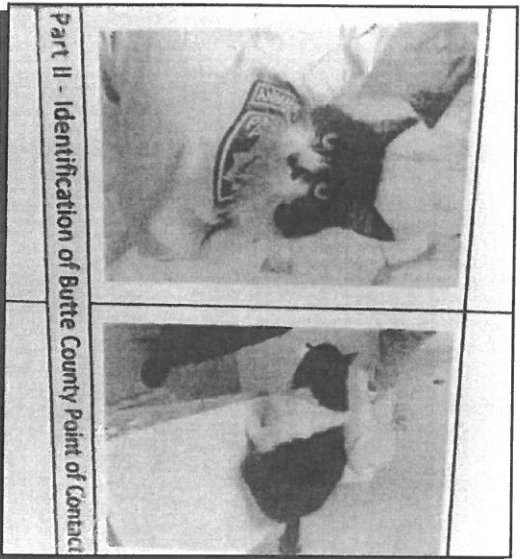
01/02/19

Reason

Kennel Status

AVAILABLE

Hold Notify



1/29 - TRANSFERRED TO RUTHER CO. AS.

Location Picked Up/Found:

495 FRIENDLY WAY CHIP#900079000632799

## Animal Notes & Behavior History

## Town of Paradise Animal Control

925 American Dr. Paradise, CA 95969

530-872-6275

Intake By: SK

Printed 01/29/19 12:37 PM by SKAMM



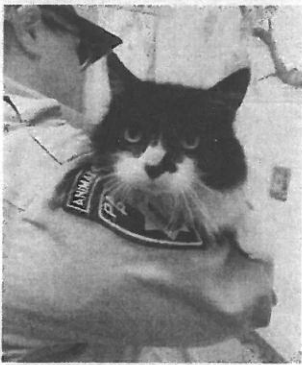
## Butte County Animal Passport



### Part I - Identification of Animal

Name/Location Paradise	Shelter ID Lily	Microchip # 900-079-000-632-799	Sex Female
Breed CAT	Second Breed DLH	Color Black	Second Color White
Age Adult	Special Markings White tux w/ "collar"	Date Found 1.2.2019	Location Found 495 Friendly

Additional Notes:



### Part II - Identification of Butte County Point of Contact

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### Part III - Health Examination

Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)		Revolution	1.10.2019
FVRCP	1.10.2019		

FVRCP: R = Rhinotracheitis; C = Calicivirus; P = Panleukopenia; L = Feline Leukemia

Pertinent History:



## Butte County Animal Passport



<b>Part IV - Agreement of sheltering group</b>
1. The animal depicted here is a resident of Butte county and is under the full control and management by Butte county Animal Services. All decisions regarding medical care, adoption, movement and handling must be cleared by Butte County Animal Services.
2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contact above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordination with Butte County Animal Services.
3. The Butte County Animal Passport will be valid for a period of 4 months and subject to renewal.
4. The caretaking institution is responsible for proper husbandry and good animal welfare.
<b>I agree to the above clauses and will uphold agreements made with Butte county.</b>

BETTY WHITE



**Kennel Record**  
**# A015491**  
**F1092**

Treatment History

**F1092 is a female, brn tabby and white domestic sh,  
3 years**

Intake Type  
**STRAY**

Due Out Date  
**12/22/19**

Intake Date  
**12/22/18**

Reason

Kennel Status  
**AVAILABLE**

Hold Notify

**Sorry No  
Image at this  
Time :(**

*TRANSFERRED TO  
1/29 - Placer County An. Services*

Location Picked Up/Found:

6307 AZALEA LN "BETTY WHITE"

Animal Notes & Behavior History



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10

dup - BEIII WHITE

12

## CAMP FIRE ANIMAL RESCUE

### -Basecamp Intake Record-

Help us care for this rescued animal by providing all of the information requested. Thank you!

#### Animal Description

Intake Date: \_\_\_\_\_

Species: Cat ☒ Dog ☐ Other \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Fur Length: PSH

Main Color: grey Brown Other Color(s): w/white

Coat Pattern: Flaxet tabby ☒ Feet, nose, neck

Eye Color: Green Declawed: Yes ☐ No ☐

Distinguishing Marks: \_\_\_\_\_

Name (if known): \_\_\_\_\_

Collar: \_\_\_\_\_ Tag Info: \_\_\_\_\_

Gender: Male ☐ Female ☒ Fixed: Yes ☐ No ☐ Unknown ☐

Microchip Scanned: ☐ Microchip #: \_\_\_\_\_

Tattoo: \_\_\_\_\_ Ear Tipped: Right ☐ Left ☐

#### Animal ID# or Ticket#

**F1092**

#### Notes

#### Owner Details (if known)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Alt. Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Rescue Details

Date of Rescue: 12/22 Time: \_\_\_\_\_

Address/Location: 6307 Azalea Paradise (number & street)

(town & county)

Reason: Owner Request ☐ Loose ☒ Urgent/Injured ☐ Owner Surrender ☐ Deceased ☐

Live-Trapped: Yes ☒ No ☐ Nearby Target Animals: Yes ☐ No ☐ Ticket #s: \_\_\_\_\_

Notes: \_\_\_\_\_

Found by Chyenne  
530-354-2515



## Kennel Record

# A015452

JAKE

Jake is a neutered male, black and white domestic  
sh, no age

### Treatment History

T19-009024 01/19/19

NORMAL

FVRCP given 01/12/2019

Intake Type

OWNER SUR

Due Out Date

01/19/19

Intake Date

01/18/19

Reason

Kennel Status

AVAILABLE

Hold Notify



1/29 - TRANSFERRED TO RACER Co. A.S.

Location Picked Up/Found:

STRAY 12/17/18 1464 BILLE MICRO: FD -A0A11333221

### Animal Notes & Behavior History

**Town of Paradise Animal Control**

925 American Dr. Paradise, CA 95969

530-872-6275

Intake By: SK





Printed 01/19/19 10:34 AM by SKAMM





## Butte County Animal Passport



Part I - Identification of Animal			
Name/Location Paradise	Shelter ID Jake	Microchip # FDX-A0A11333221	Sex Male neutered
Breed CAT	Second Breed DSH	Color Black/White	Second Color
Age Adult	Special Markings Scar on top of head	Date Found 12/27/18	Location Found 1464 Bille
		Additional Notes: Cat #6	
			
Part II - Identification of Butte County Point of Contact			
Part III - Health Examination			
Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)			
FVRCP	1/12/19		
FVRCP: R = Rhinotracheitis; C = Calicivirus; P = Panleukopenia; L = Feline Leukemia			
Pertinent History:			



**Kennel Record**

# A015492

F1164

Treatment History

F1164 is a female, brn tabby and white domestic sh,  
3 years

Intake Type

STRAY

Due Out Date

01/29/19

Intake Date

12/29/18

Reason

Kennel Status

UNAVAIL

Hold Notify

Sorry No  
Image at this  
Time :(

11/29 Transferred to Placer County An. Services

Location Picked Up/Found:

7148 CLARK RD "VERDE" CHIP#900079000632786

Animal Notes & Behavior History

BCP 51

"VERDE"

**CAMP FIRE ANIMAL RESCUE****-Basecamp Intake Record-**

Help us care for this rescued animal by providing all of the information requested. Thank you!

**Animal Description**

Intake Date: 12/29/18

Species: Cat ☒ Dog ☐ Other \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Fur Length: DSH

Main Color: BRN/BLK Other Color(s): WHITE

Coat Pattern: TABBY - BLACK/Tan w/white

Eye Color: GRN EYES Declawed: Yes ☐ No ☐

Distinguishing Marks: \_\_\_\_\_

Name (if known): \_\_\_\_\_

Collar: \_\_\_\_\_ Tag Info: \_\_\_\_\_

Gender: Male ☐ Female ☒ Fixed: Yes ☐ No ☐ Unknown ☐Microchip Scanned: ☐ Microchip #: \_\_\_\_\_Tattoo: \_\_\_\_\_ Ear Tipped: Right ☐ Left ☐

NONE

**Animal ID# or Ticket#**

F1164

**Notes**SCARED - HISSING  
SPITTING**Owner Details (if known)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Alt. Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Rescue Details**

Date of Rescue: 12/29/18 Time: 0020

Address/Location: 7148 CLARK ROAD (number &amp; street)

PARADISE, CA (town &amp; county)

Reason: Owner Request ☒ Loose ☐ Urgent/Injured ☐ Owner Surrender ☐ Deceased ☐Live-Trapped: Yes ☒ No ☐ Nearby Target Animals: Yes ☒ No ☐ Ticket #: 242

Notes: NOT TARGET CAT



## Butte County Animal Passport



### Part I - Identification of Animal

Name/Location Paradise	Shelter ID Verde	Microchip # 900079000632786	Sex Female unaltered
Breed CAT	Second Breed DSH	Color BRN/BLK tabby	Second Color White
Age 1 year	Special Markings Notch R Ear	Date Found 12/29/18	Location Found 7148 Clark Rd
Additional Notes: Cat #12			



### Part II - Identification of Butte County Point of Contact

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### Part III - Health Examination

Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)			
FVRCP	1/12/19		

FVRCP: R = Rhinotracheitis; C = Calicivirus; P = Panleukopenia; L = Feline Leukemia

Pertinent History:



## Butte County Animal Passport



### Part IV - Agreement of sheltering group

1. The animal depicted here is a resident of Butte county and is under the full control and management by Butte county Animal Services. All decisions regarding medical care, adoption, movement and handling must be cleared by Butte County Animal Services.

2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contact above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordination with Butte County Animal Services.

3. The Butte County Animal Passport will be valid for a period of 4 months and subject to renewal.

4. The caretaking institution is responsible for proper husbandry and good animal welfare.

**I agree to the above clauses and will uphold agreements made with Butte county.**



**Kennel Record**  
**# A015495**  
**ASHES**

**Ashes is a male, brn tabby domestic sh, 3 years**

**Treatment History**

T19-009057 01/29/19 **NORMAL**  
NVADG-BCAC FVRCP given 01/12/19

Intake Type

**STRAY**

Due Out Date

**02/09/19**

Intake Date

**01/09/19**

Reason

Kennel Status

**UNAVAIL**

Hold Notify



*1/29 - Transferred to Pacer Co. A.S.*

Location Picked Up/Found:

6200 W. WAGSTAFF CHIP#900079000632791

Animal Notes & Behavior History







A015495



## Butte County Animal Passport



### Part I - Identification of Animal

Name/Location Paradise	Shelter ID Ashes	Microchip # 900079000632791	Sex Male unaltered
Breed Cat	Second Breed DSH	Color Brwn	Second Color
Age Adult	Special Markings	Date Found 1/9/19	Location Found 6200 W. Wagstaff
		Additional Notes: Cat #9	
			

### Part II - Identification of Butte County Point of Contact

Phone 530-552-3888	Fax 530-538-6329	Email address BCanimalcontrol@buttecounty.net
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### Part III - Health Examination

Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)			
FVRCP	1/12/19		

FVRCP: R = Rhinotracheitis; C = Calicivirus; P = Panleukopenia; L = Feline Leukemia

Pertinent History:



## Kennel Record

# A015453  
CA127B

Ca127B is a female, brn tabby and org tabby  
domestic sh, 3 years

Treatment History  
T19-009025 01/19/19 NORMAL

BCAC: Preventative: Fipronil (Frontline) given 11/17/18  
FVRCP: 11/18/18 FVRCP+L 12/09/18  
Rabies Vaccine (Rabvac 3) given: 12/01/18

Intake Type

STRAY

Due Out Date

01/19/19

Intake Date

11/14/18

Reason

Kennel Status

AVAILABLE

Hold Notify



1/19 - TRANSFERRED TO PLACER CO. A.S.

Location Picked Up/Found:

MICROCHIP# 982126054138395



Animal Notes & Behavior History







982 126 054 138 395



## Butte County Animal Passport

### Part I - Identification of Animal

Name	Shelter ID CA127b	Microchip # 982-126-054-138-395	Sex Female
Breed DSH	Second Breed	Color Brown and Orange Tabby	Second color White
Age Adult	Special marking White paws	Date Found 11/14/18	Location Found
Photo 	Photo 	Photo 	Photo 

### Part II - Identification of Butte County Point of Contact

Phone 530-552-3888	Fax 530-538-6329	Email address BCAnimalcontrol@buttecounty.net
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### Part III - Health Examination

Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)	12/1/18 (rabvac 3)	Fipronil (Frontline)	11/17/18
FVRCP	11/18/18	Revolution	12/7/18
FVRCP+L	12/9/18	Revolution	12/9/18
		Pyrantel	12/9/18

Pertinent Medical History  
Goes with CA127A

FVRCP: R = Rhinotracheitis; C = Calicivirus; P = Panleukopenia; L = Feline Leukemia


982 126 054 138 395

2/6

Intake # CA127b (127b)

(Form to remain with animal!)

(Return Care Schedule with clipboard to Intake when animal is released.)

OWNER	Last Name:	First Name:				
Description of animal						
Name	Species	Breed	Color/markings	Gender	ID (collar/tag/etc.) DESCRIBE	
Stray	cat	DSTH	Tabby orange muzzle	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Spay/Neuter <input type="checkbox"/> Intact	NCF	
List medical problems, necessary medications, or dietary needs? Include time & method normally administered and any other details.						
RF, RH paw pads - v. minor burn - monitor						
List behavioral characteristics of which we should be advised.						
SPECIAL INSTRUCTIONS:				Under Vet Care <input type="checkbox"/>		
				Picture YES <input type="checkbox"/> 		

RECORD (Use the current time to record Walked, Fed and Cage Cleaned)					
Date	Walked	Fed	Cage Cleaned	Comments	
11.14.18	in @ 0845				
11.14.18		9	✓		
11/14/18		0900	0900	pee + BM	
11/15/18		1400		PE 14:00 - R/RH paw - ✓	
11/16/18 1620				Tech/DVM ✓, okay + monitor for	
11/17 0630	H <sub>2</sub> O	X	X	Good	
11/17 09:00				PE - SL. BURNED PADS ARE HEALING	
11/17 1800	H <sub>2</sub> O	✓	✓	all wet food	
11/18	0630	✓	✓	All Good. F.F	
	vet ✓, singed whiskers on (1) paw pads / eyes ok, rest (2) paw soaking not needed healing very well (3)				
11/18	16:40				
11/19		0845	X	all good	
11/18/19	vet ✓ - mild crusting R front & hind paw pads, no tx needed (dr) BAR, ate little wet food				
11/19/18	✓	✓	✓		
11/20	0845	provable	✓	good elimination	
11/20/18	10:00 AM	used exel: BAR		sleeping, no c/s/dischg.	
18:00	✓ Fed Dry			Good. D. Thompson, DVM	

1 Dose - Rehydrate with liquid portion  
Feline Rhinotracheitis-Calici Vaccine, Modified Live Virus  
U.S. Vet License No. 213  
Diamond Animal Health, Inc.  
Des Moines, IA 50327 USA  
1-888-545-5973 010341

Burn this vial. Store out of direct sunlight at 46°F. See tray label for complete directions.

Exp. 14 DEC 19  
Ser. 658P

1 Dose - 0.2 ml  
Feline Panleukopenia Vaccine, Modified Live Virus  
U.S. Vet License No. 213  
Diamond Animal Health, Inc.  
Des Moines, IA 50327 USA  
1-888-545-5973 010339

Burn this vial. Store out of direct sunlight at 46°F. See tray label for complete directions.

Exp. 08 DEC 19  
Ser. 6580

1 Dose - Rehydrate with liquid portion  
Feline Rhinotracheitis-Calicivirus Vaccine, Modified Live Virus  
U.S. Vet License No. 213  
Diamond Animal Health, Inc.  
Des Moines, IA 50327 USA  
1-888-545-5973 010341

Burn this vial. Store out of direct light at a temperature not over 40°F. See tray label for complete directions.

Exp. 14 DEC 19  
Ser. 658

1 Dose - 0.2 ml  
Feline Panleukopenia Vaccine, Modified Live Virus  
U.S. Vet License No. 213  
Diamond Animal Health, Inc.  
Des Moines, IA 50327 USA  
1-888-545-5973 010339

Burn this vial. Store out of direct light at a temperature not over 40°F. See tray label for complete directions.

Exp. 08 DEC 19  
Ser. 6580

Revised 5/21/0214

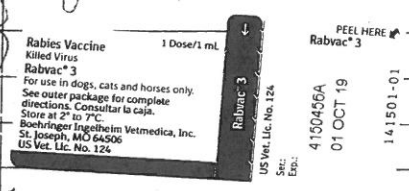
11/21 H<sub>2</sub>O X X cat, poop, pee 11/17 front line applied

# NVADG Animal Care Schedule

CA(276)

Intake #

RECORD (Use the current time to record Walked, Fed, and Cage Cleaned)

Date	Walked	Fed	Cage Cleaned	Comments
11/21/18	H20	X	X	eat, poop, pee
11/22	H20	X	X	OK
11/23	0821	✓	✓	pooped Given pro Biotic
11/24	0900	provable	✓	pee, small hard stool, good appetite
11-25	0900	provable	✓	pee, no poop
11-25	1700			Good all R4/SIT
11/26	0700	OK	✓	Good
11/26	1710	✓	✓	all food
11/27	0830	✓	✓	good
11/28	0800	✓	✓	good neat cat!
11/28	0815	✓	✓	good / good appetite
11/30	0930	✓	✓	pee, no poop, good appetite
11/30	1800	✓	✓	good
12/1				
12/1	1745	JA		
				
12/2	0800	✓	✓	eat Poop + pee
12/2	400	✓	✓	good
12/2	1700	✓	✓	
12/3	938		938	
12/3	1224		1224	spot clean, pee
12/4	0825	✓	✓	good
12/4	4	✓	✓	good
12/4	0830	0830	0830	
12/5	4	✓	✓	good
12/6	815	✓	✓	good
12/6	1540	✓	spot	tapped off food + water. Petted. friendly. Cat pawing right ear
12/6/18	Volunteers reported irritated (R) ear. Mod debris AS, mild debris AD. TM partially visible AS & appears intact; TM mostly visible AD, intact. Pruritis AU. R/O ear mites vs. yeast/bacterial otitis. No ear flush solution or Revolution ivermectin currently available. Will try to obtain & then tx. BUT DMs for presumed ear mites			
12/7/18	0743	0743	0743	


# NVADG Animal Care Schedule

page 2

Intake # CA127b

(Form to remain with animal!)

(Return Care Schedule with clipboard to Intake when animal is released.)

OWNER		Last Name: _____		First Name: _____		
Description of animal						
Name	Species	Breed	Color/markings	Gender	ID (collar/tag/etc.) DESCRIBE	
stray	cat	DSH	tabby orange muzzle	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Spay/Neuter <input type="checkbox"/> Intact		
List medical problems, necessary medications, or dietary needs? Include time & method normally administered and any other details.						
List behavioral characteristics of which we should be advised.						
SPECIAL INSTRUCTIONS:				Under Vet Care <input type="checkbox"/> Picture YES <input type="checkbox"/> 		

RECORD (Use the current time to record Walked, Fed and Cage Cleaned)						
Date	Walked	Fed	Cage Cleaned	Comments		
12/7/18	flushed w/ Kleenex			Applied Revolution 5.1-15 lbs.		
12/8	11:15	✓	✓	good, sweetie BLT, DVM		
12/8	16:01	16:01	16:01	good, spot cleaned		
12/9		8:15	8:15	good, likes wet food		
12/9				RTL 50 Revolution, Pyrantel		
12/10	10:03	10:03	10:03	pee + poop		
12/11	10:13	✓	✓	good fecal		
12/11	14:30		✓	spot cleaned		
12/12	9:59	✓	✓	ate all wet		
12/12/18				paws look 1		
12/12/18				paws 1		
12/13/18		09:05	09:05	Ate, Bin		
12/13/18		15:15		spot + c		
12/14/18		09:40	09:40	pee +		
12/14/18		15:05				
12/15/18	10:30	10:30	10:30	pee		
12/15		✓				
12/16	11:00	✓	✓	fecal, w		



## NVADG Animal Care Schedule

Intake # CA121b

**RECORD** (Use the current time to record Walked, Fed and Cage Cleaned)

[illegible]



**Kennel Record**

**# A015494**

**FLOWER**

**Flower is a female, black and white domestic lh, 3 years**

**Treatment History**

T19-009055 01/29/19

**NORMAL**

BCAC - FVRCP 01/10/2019

Intake Type

**STRAY**

Due Out Date

**01/12/19**

Intake Date

**12/12/18**

Reason

Kennel Status

**AVAILABLE**

Hold Notify



*1/29 - TRANSFERRED TO RIVERCO.A.S*

Location Picked Up/Found:

5916 PENTZ RD CHIP#FDX-A-47581D10E

Animal Notes & Behavior History

**Town of Paradise Animal Control**

925 American Dr. Paradise, CA 95969

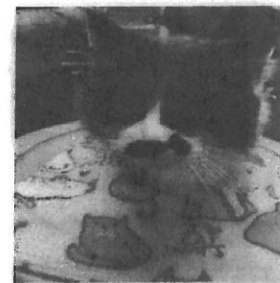
530-872-6275





Intake By: SK

Printed 01/29/19 11:34 AM by SKAMM



## Butte County Animal Passport



Part I - Identification of Animal			
Name/Location Paradise	Shelter ID Flower	Microchip # FDX-A-47581D10E	Sex Female
Breed CAT	Second Breed DLH	Color Black	Second Color White
Age Adult	Special Markings Black Mustache	Date Found 12.12.2018	Location Found 5916 Pentz Rd
		Additional Notes: White "Skunk" strip down back	
			
Part II - Identification of Butte County Point of Contact			
Part III - Health Examination			
Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)			
FVRCP	1.10.2019		
FVRCP: R = Rhinotracheitis; C = Calicivirus; P = Panleukopenia; L = Feline Leukemia			
Pertinent History:			



## Butte County Animal Passport



### Part IV - Agreement of sheltering group

1. The animal depicted here is a resident of Butte county and is under the full control and management by Butte county Animal Services. All decisions regarding medical care, adoption, movement and handling must be cleared by Butte County Animal Services.
  2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contact above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordination with Butte County Animal Services.
  3. The Butte County Animal Passport will be valid for a period of 4 months and subject to renewal.
  4. The caretaking institution is responsible for proper husbandry and good animal welfare.
- I agree to the above clauses and will uphold agreements made with Butte county.**





**Kennel Record**  
**# A015498**  
**STEVEN TYLER**

**Steven Tyler is a neutered male, brn tabby and white domestic mh, 9 years**

**Treatment History**

T19-009056 01/29/19

**NORMAL**

NVADG-BCAC Rabies Vaccine & FVRCP given 12/20/2018

Intake Type

**STRAY**

Due Out Date

**12/23/18**

Intake Date

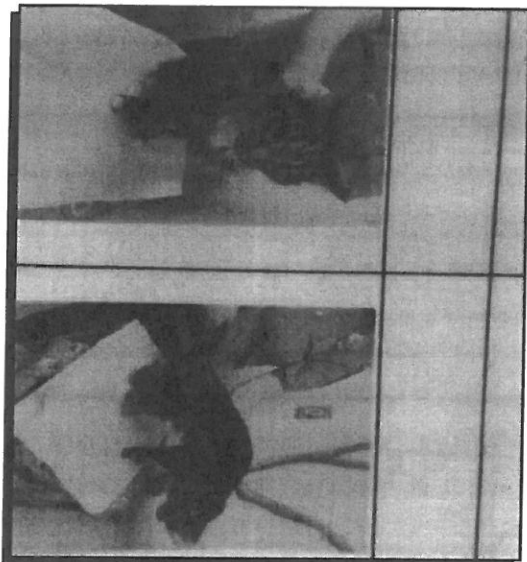
**11/23/18**

Reason

Kennel Status

**AVAILABLE**

Hold Notify



1/29 TRANSFERRED TO EVACER Co.AS.

Location Picked Up/Found:





SAWMILL RD/BIG PINE CHIP#900079000632795

Animal Notes & Behavior History



## Butte County Animal Passport



Part I - Identification of Animal			
Name/Location Paradise	Shelter ID Steven Tyler	Microchip # 900-079-000-632-795	Sex Male / altered
Breed CAT	Second Breed DMH	Color Brown Tabby	Second Color White feet and chest
Age Senior 9yrs	Special Markings	Date Found 11.23.2018	Location Found Sawmill and Big Pine
		Additional Notes: Treated for burns Dr. Darling	
			
Part II - Identification of Butte County Point of Contact			
Part III - Health Examination			
Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)	12.20.2018		
FVRCP	12.20.2018		
FVRCP: R = Rhinotracheitis; C = Calicivirus; P = Panleukopenia; L = Feline Leukemia			
Pertinent History:			



## Butte County Animal Passport



### Part IV - Agreement of sheltering group

1. The animal depicted here is a resident of Butte county and is under the full control and management by Butte county Animal Services. All decisions regarding medical care, adoption, movement and handling must be cleared by Butte County Animal Services.
  2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contact above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordination with Butte County Animal Services.
  3. The Butte County Animal Passport will be valid for a period of 4 months and subject to renewal.
  4. The caretaking institution is responsible for proper husbandry and good animal welfare.
- I agree to the above clauses and will uphold agreements made with Butte county.**

# VACCINATION CERTIFICATE

Account #: 3600

Owner: Camp Fire Cats

Address: Durham, CA 95928

Phone: 530

Animal: Steven Tyler

Species: Feline

Breed: Domestic Medium Hair

Color: Tabby

Gender: Male

Birthdate: 12/20/2009

Age: 9 years 3 days

Weight: 8.30

Chip #:



Date	Vaccine	Manufacturer	Serial #	Type	Tag #	Due on
12/20/2018	Rabies - 1 Year					12/19/2019
12/20/2018	FVRCP -1 Year					12/19/2019



**Darling Veterinary Clinic**  
2520 Dominic Drive, Suite 145  
Chico, CA 95928  
(530) 892-8910  
darlingvetclinic@yahoo.com

  
Gary Darling, DVM

12/21/2018

Revolution 12/6

ACTIVITY NUMBER

# BUTTE COUNTY ANIMAL CONTROL

202 MIRA LOMA DRIVE  
OROVILLE, CALIFORNIA 95965  
(530) 538-7409 • (530) 891-2907  
FAX (530) 538-6329

1/9  
ANIMAL ID NUMBER

CC261

Impound Facility

Bite #

Received By

Kennifer  
Acres

## IMPOUND FORM

Date Impounded 11/23/18 Time 1000 a.m. / p.m. Release Date Officer

Animal picked up at Corner of Sawmill Rd & Big Pine lane  
address (include closest cross street)

Reason for Impound Campfire

(Picked up by Brandon Mackie (734) 790-8393

Dog Cat X Other M F S N

Breed DLH Approx. Age

Color Grey / Black Markings

Animal wearing collar? Yes No If yes, describe

Animal wearing tags? Yes No If yes, describe

Microchipped? Yes (#) No

Condition of Animal Remarks

Owner of Animal

Telephone

Address

City

Zip

☐ Phoned

☐ Impound Copy: Date Left

Has owner been notified? ☐ Letter: Date Sent

## SURRENDER STATEMENT

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and it employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days.  
(circle one)

I have read the above and understand the conditions.

DATE

PRINTED NAME SIGNATURE

ADDRESS

CITY ZIP TELEPHONE NO.



Intake # CC2101

(Form to remain with animal!!) (Return Care Schedule with clipboard to Intake when animal is released.)

Revised 5/21/0214





VCA Valley Oak Veterinary Center  
2480 Dr. Martin Luther King Jr. Pkwy  
Chico, CA 95928  
(530) 342 - 7387

1A

Client		Patient	
Name: Paradise Animal Control	Home: Work: Mobile: (530) 872 - 5911 Email 1: janirislover@gmail.com Email 2: Client Initials: _____	<i>M 180</i> <i>6.1 lb</i> <i>10/17</i> <i>mm tail pink</i> <i>cr 2</i>	Name: 2018-11-23 DLH Sawmill Rd (# 39705) Species: Feline Breed: Domestic Long Hair Color: Gray And Black Sex: Male Neutered Birth: Age: Weight:

Visit Reason: Injury / Injured / Trauma; VCA Valley Oak Appt: 11/23/2018 at 17:32 Checked in at: 17:32

Answer the following questions about 2018-11-23				Current Diet
	Good	Fair	Poor	Quantity per Day _____ Canned _____ Dry _____
Appetite is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current Medication _____
Energy level is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Breath is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin/Coat condition is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nails are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

2018-11-23 DLH Sawmill Rd's records show that the following vaccines are due					
Procedure	Due Date	Status	Procedure	Due Date	Status
Physical Exam		Review	Fel Rabies		Review
Fel Panleukopenia		Review	Fel Respiratory Virus		Review
Fel Leukemia		Review	Fecal Exam		Review
Fel Heartworm RX		Review	Fel Flea Prevention		Review
Fel Dental Cleaning		Review			

Alert:

Appointment Notes: burned paws- found at the corner of sawmill rd and big pine ln krl

NVADG - said no chip

dehydrated - 8

.05  
at Dex > to do  
0.1 Ket feet  
0.15ml Bupe

Thank you for trusting us with your pet's care. Your friends at VCA Valley Oak Veterinary Center.

Weight: lbs 6.8 kg Date 11/22/18

Procedure Band X

Surgeon DDS/AG RVT DS ASST. \_\_\_\_\_

Exam & approval \_\_\_\_\_

\_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ MM \_\_\_\_\_  
 Dose Route Time CRT BP \_\_\_\_\_  
 Initials \_\_\_\_\_

CRT \_\_\_\_\_ BP \_\_\_\_\_  
 Initials \_\_\_\_\_  
 (S) eye ulcer  
 cornua

Total fluids given

Anesthesia		Start Time	Extubation Time			
Monitoring			5 10 15 20 25	35 40 45 50 55	5 10 15 20 25	35 40 45 50 55
Time:			ml/hr		ml/hr	
Agents:			ml/hr		ml/hr	
Fluids:			ml/hr		ml/hr	
Meds:			ml/hr		ml/hr	

Weight: lbs kg Date \_\_\_\_\_  
 Procedure Breeding A  
 Surgeon PSS RVT JS ASST. \_\_\_\_\_  
 Dr Exam & approval \_\_\_\_\_

Dr Exam & approval

Exam & appo: \_\_\_\_\_

P _____	R _____	MM _____	CRT _____	BP _____
Dose	Route	Time	Initials	

**Blood Drawn**

## Dr. Review

## Pre Anes

### Pain Control

#### IV Catheter

**Induction:**

### Et Tube Size

**Procedure:**

## Anesthesia

Start Time

Start Time

End Time

### Extubation Time

Total fluids given

Anesthesia		Start Time	5 10 15 20 25					35 40 45 50 55					5 10 15 20 25					35 40 45 50 55				
Monitoring			ml/hr					ml/hr					ml/hr					ml/hr				
Time:																						
Agents:																						
Fluids:																						
Meds:																						
Oxygen Flow																						
Vaporizer Setting																						
Duration																						
Systolic P	V	170																				
		160																				
Diastolic P	A	150																				
		140																				
Mean P	.	130																				
		120																				
Heart Rate	X	110																				
		100																				
Resp. Rate	O	90																				
		80																				
Spo2	S	70																				
		60																				
End Tidal CO2	E	50																				
		40																				
		30																				
		20																				
		10																				
		0																				
Temperature(F)																						
E.C.G.																						





Client: **Paradise Animal Control (91750)**  
Patient: **2018-11-23 DLH Sawmill Rd (39705)**

Provider: **Tori Letner, DVM**  
Record Date: **26-Nov-2018**



## SEDATION REPORT

Page 1 of 1

### Client

**Paradise Animal Control**  
**872-6275 jen**  
Other: (530) 872-6275

925 American Way  
Paradise, CA 95969

### Patient

**2018-11-23 DLH Sawmill Rd**  
Feline  
Domestic Long Hair

Gray And Black  
Male / Neutered - 7.4 lb  
(26-Nov-2018)

**26-Nov-2018 Sedation - Draft**

**Tori Letner, DVM**

#### Sedation procedure

Sedated with Butorphanol 0.06 mls IV, Dexdomitor 0.10 mls IV, Ketamine 0.03 mls IV:

Bandages removed from pelvic limbs - cleaned wounds gently with sterile saline. Dried feet and applied the gabapentin cream mixture: Gabapentin, Ketamine, Diclofenac gel, lidocaine, prilocaine. Let cream sit for 15 minutes and then rinsed with sterile saline. Dried feet and applied Honey cream mixture: Manuka honey, olive oil, coconut oil, bees wax  
Applied Telfa pad, cast padding, cling, vet wrap and elasticon.

Bandage removed from thoracic limbs:  
RTL has adaptic clear bandage over the wound. There is a tilapia skin graft covering approx half the wound. Some of the tilapia has slipped down off wound revealing a 1.5 x 2 area of granulation tissue with central area of bone exposure. Had to trim the tilapia here as it had dried out. Cleaned this area of the wound gently with sterile saline. And left the remaining tilapia in place with Adaptic bandage over it. Dried feet and applied the gabapentin cream mixture: Gabapentin, Ketamine, Diclofenac gel, lidocaine, prilocaine.

Let cream sit for 15 minutes and then rinsed with sterile saline. Applied Honey cream mixture: Manuka honey, olive oil, coconut oil, bees wax to the small area that did not have tilapia over it. Applied Telfa pad, cast padding, cling, vet wrap and elasticon.

LTL has tilapia in place and Adaptic clear bandage overlaying. Did not treat this paw. We replaced the outer bandage and rewrapped with, cast padding, cling, vet wrap and elasticon.

Bandages changes will be due again on all 4 feet in 2 days.

**26-Nov-2018 Progress note**

**Kara Smith, DVM**

**09:11**

PLANS

**Superficial corneal ulcer**

Continue BNP TID.

**Burn victim**

D/C IVF today. Flush IVC q 8 hours.

Continue buprenorphine and BNP as directed.

**26-Nov-2018 Progress note**

**Tori Letner, DVM**

**12:35**

ASSESSMENTS

**Burn victim**

Healing wounds.

PLANS

**Burn victim**

1. Bandage changes of all 4 feet due in 2 days on 11/28/18. At that time we can remove or replace the tilapia skin graft if it has not adhered. If there is no tilapia available then okay to treat wounds with burn cream and manuka honey cream.
2. Cont with current plan and pain medications (buprenorphine) and BNP OU

**26-Nov-2018 Order items**

- Hospitalization Holding [49.168]: 24.00 hr
- Anesthesia Drug (Pick List) LINK [242.179]: 1.00 each
  - Butorphanol (Torbugesic) 10mg/mL/mL [53.9055] - Dose: 0.6 mg (Amt: 0.06 mL)
  - Dexmedetomidine (Dexdomitor) 0.5mg/mL/mL [53.9052] - Dose: 0.05 mg (Amt: 0.1 mL)
  - Ketamine (gen) 100mg/mL/mL [53.9034] - Dose: 3 mg (Amt: 0.03 mL)
- Bandage/Dressing: Routine [27.3]: 1.00 each
- Sedation [242.135]: 1.00 each
  - Anesthesia Drug (Pick List) LINK [242.179]: 1.00 each



**MEDICAL HISTORY:** 23-Nov-2018 to 25-Nov-2018

**25-Nov-2018 Exam** **Kara Smith, DVM**

**08:12** May prefer dry.

PLANS

**Inappetence.**

Dry food noted in FLOW.

**Superficial corneal ulcer**

Continue BNP.

**25-Nov-2018 Progress note** **Petra Stoyanof, DVM**

**14:43**

PLANS

**Burn victim**

Bandage change:

Sedated with dexmedetomidine 0.05ml, ketamine 0.1ml, buprenorphine 0.15ml. Mildly reactive at end of bandage change.

Removed wraps.

RTL: fish skin and Tegaderm in place over dorsal antebrachial wound, burns to paw. Left fish skin in place.

LTL: fish skin and Tegaderm in place over paw. Left fish skin in place.

For burns without fish skins, placed honey on paws and placed Adaptec and Telfa over paws. Applied bandages x4.

Reversed with atipamezole IM.

If clean, pelvic limb bandages can be changed in 2 days, thoracic limb bandages in 2-4 days.

**25-Nov-2018 Progress note** **Kara Smith, DVM**

**19:20**

PLANS

**Burn victim**

SW DVM that did bandages today - she said burns warrant pain meds.

Buprenorphine added TID to FLOW>

**25-Nov-2018 Order items**

- Hospitalization Holding [49.168]: 7.00 hr
- Hospitalization Holding [49.168]: 17.00 hr
- Buprenorphine (Buprenex) 0.3mg/mL/mL [53.351] - Dose: 0.06 mg (Amt: 0.2 mL)

**26-Nov-2018 Progress note** **Kara Smith, DVM**

**09:11**

CLIENT INTERVIEW

General findings

**Day 4 hospitalization** - Vitals WNL.

Eats well. Bandages changed yesterday.

EXAM FINDINGS

Whole body

General findings

... - BAR, friendly cat.

Corneal ulcer OD - looks sl. larger than yesterday.

Bandages in place X 4 paws.

Shaved ventral chest and abdomen.

Singed face/healing well.

Good appetite.

ASSESSMENTS

**Inappetence.**

Resolved.

**Superficial corneal ulcer**

Epithelium that is not healing may be sloughing.

Hopefully this heals from the deeper layers up.

**Burn victim**

Doing great.

**MEDICAL HISTORY:** 23-Nov-2018 to 25-Nov-2018**24-Nov-2018 Order items**

- Hospitalization/hour Level 1 Fel [49.250]: 7.00 hr
- Fluids IV Maintenance/hr [37.84]: 7.00 hr
- Hospitalization/hour Level 1 Fel [49.250]: 6.00 hr
- Fluids IV Maintenance/hr [37.84]: 6.00 hr

**Inpatient visit (25-Nov-2018 to 26-Nov-2018)**Appointment Type: **Same Day** Provider: **Kara Smith, DVM** Sex / age / weight: **Male - Neutered / n/a / 6.1 lb** (26-Nov-2018)**Concerns (Problem List)**

Active

- **Inappetence.** (25-Nov-2018)
- **Superficial corneal ulcer** (24-Nov-2018)
- **Burn victim** (24-Nov-2018)

**25-Nov-2018 Exam****Kara Smith, DVM****08:12**CLIENT INTERVIEW

General findings

**Transfer of care** - Hospitalized 2 days ago for burns sustained in the CAMP fire. Pt was sedated and had bandages placed yesterday after a day of IVF. A Convenia and buprenorphine injection were given at 6 p.m Friday per treatment sheet. No pain medications given since then. Maintained overnight on LRS at 15 mls/hr, and BNP ointment q 8 hours d/t a corneal ulcer noted OD. Eating just a little today - previously ate some chicken and A/D.

EXAM FINDINGS

Whole body

General findings

- - Attitude: Bright, responsive, and alert - friendly  
 Ophthalmic Exam: Corneas clear and no ocular discharge, greasy eye OD, small superficial corneal ulcer visible, no blepharospasm  
 Otic Exam: NSF  
 Oral: Moderate tartar and gingivitis  
 Nose/Throat: Normal  
 Cardiovascular: purring  
 CRT - 1-2 sec  
 Mucous Membranes - Pink  
 Respiratory: purring  
 Abdominal Palpation: Normal palpation, no organomegaly, masses or tenderness  
 Musculoskeletal: Normal gait, thin  
 Body Condition Score - 4/9  
 Integument: bandaged X 4 feet, smokey coat, flea dirt/burned debris in coat  
 Lymph Nodes: No lymphadenopathy  
 Genitourinary: No palpable renal or bladder abnormalities noted, external genitalia palpate and appear normal, large urinary bladder  
 Neurologic: Normal mentation, no apparent deficits

ASSESSMENTS**Inappetence.**

Offered dry and ate readily.

**Burn victim**

Bandages changes yesterday at noon.

**Superficial corneal ulcer**

Healing.

**Inappetence.**

**MEDICAL HISTORY:** 23-Nov-2018 to 25-Nov-2018**24-Nov-2018 Exam****Travis Howarth, DVM****08:36**

Pelvic region	External genitalia	Normal - External genitalia normal size and shape, no tumors or discharge appreciated.
Integument	General findings	<b>Ulceration</b> - All 4 feet Soot caked on feet
	Skin and haircoat	Normal - Healthy coat, no evidence of ectoparasites, alopecia or pruritus.
Lymphatic system	Peripheral lymph nodes	No Peripheral lymphadenopathy
Musculoskeletal	Posture	Normal posture
	Ambulation	Normal gait
Nervous system	Brief neurological exam	Unremarkable - CN 2-12 intact, no CP deficits, normal placing responses all 4 limbs

ASSESSMENTS**Burn victim**

Severe dehydration and malnutrition along with burns to the feet  
It is difficult to tell how burned feet are due to the debris

PLANS**Burn victim**

IVC  
Fluids LRS 150 ml bolus 2 hrs > 15 ml/hr  
Give food and water  
Did not want to eat or drink and first, but did about 6 hrs later  
Convenia 0.4 ml SQ  
Buprenorphine (0.3 mg/ml) 0.3 ml IV  
Deal with wounds tomorrow, when cat is hydrated  
TH

**24-Nov-2018 Progress note****Dustine Spencer, DVM, Practice Limited to Surgery****14:00**ASSESSMENTS**Superficial corneal ulcer**PLANS**Burn victim, Superficial corneal ulcer**

- Sedation
  - Dexmedetomidine 25 mcg, Ketamine 10 mg and Buprenorphine 0.045 mg IM Right thigh
  - Adequate sedation for wound evaluation,
  - Required mask with Iso 1-2% to complete clip, clean and bandage placement x 4 limbs
- Procedure
  - Shaved all paws and cleaned limbs with dilute chx soln.
  - Soaked each paw with dilute chx and removed hemorrhagic debris and dirt
  - All four paws with second - third degree burns, some digits on RTL with bone exposure
  - Right TL carpus with third degree burn approx 3 x 4 cm
  - Dried and placed pain salve on all lesions, left for 15 minutes and rinsed off with sterile 0.9% saline
  - Bilateral PL paws - placed collagen powder and wrapped with light bandage
  - Left TL paw - placed collagen powder and wrapped with light bandage
  - Right TL paw - placed tilapia skin graft on carpal lesion and palmar aspect of paw/digits, covered in Tegaderm. Wrapped with light bandage.
- Patient awake by end of procedure
- FDT: OD 3-4 mm superficial uptake central globe. OS NSF. Applied BNP OD.
- Recovery
  - Smooth
  - Patient remained cold. Placed under Bair hugger.
- IVF 15 ml / hr
- Bandage change approx 3-4 days
- RX BNP Ophthalmic ointment OD q 8
- DVM: Amy Grimm

\*Documents are available as separate attachments or files.

**Inpatient visit** (23-Nov-2018 to 24-Nov-2018)

Appointment Type: **Emergency** Provider: **Travis Howarth, DVM** Sex / age / weight: **Male - Neutered / n/a / 6.1 lb** (26-Nov-2018)

**Concerns** (Problem List)

Active

- Inappetence. (25-Nov-2018)
- **Superficial corneal ulcer** (24-Nov-2018)
- **Burn victim** (24-Nov-2018)

**23-Nov-2018 Order items**

- Exam Emergency After Close Late [3.202]: 1.00 exam
- Hospitalization Setup [49.320]: 1.00 each
- Hospitalization/hour Level 1 Fel [49.250]: 6.00 hr
- IV Fluids Setup [37.83]: 1.00 each
- Fluids IV Maintenance/hr [37.84]: 6.00 hr
- Cefovecin (Convenia) 80mg/mL/mL [53.344] - Dose: 32 mg (Amt: 0.4 mL)
  - In house. Refills: 0.
  - Your pet may be eligible for a rebate...Go to [zoetispetcarerewards.com](http://zoetispetcarerewards.com) for details.
- Buprenorphine (gen) 0.3mg/mL/mL [53.30] - Dose: 0.09 mg (Amt: 0.3 mL)

**24-Nov-2018 Exam**

Travis Howarth, DVM

08:36

VITALS

	Temp (F)	HR	RR	SBP	CRT	MM color	Pain ([0-4])	BCS (/9)
08:36	101.7	180	30	115	< 2	Pink	2	3

CLIENT INTERVIEW

General findings

**History** - NVADG said no chip  
Brought in from CAMP fire

Transfer of Care

Hospitalization Update

EXAM FINDINGS

Whole body	Attitude	<b>Quiet</b>
	Activity	<b>Inactive</b>
	Mentation	<b>Depressed</b>
	Hydration	<b>Dehydration</b> - 10%
Eyes	Cornea	Clear and bright - OU
	Globe	<b>Enophthalmos</b>
	Vision	Apparent normal vision
Ears	External ear canal	Clean and free of debris and odor - AU
	Hearing	Apparent normal hearing
Mouth	Oral exam	Normal - Minimal tartar or gingival erythema.
	Teeth	<b>Calculus index I</b>
Thorax	Heart	No murmur or arrhythmia noted.; Synchronous Pulses - Strong femoral pulses bilaterally.
	All lung fields	Normal bronchovesicular sounds - All 4 quadrants.
Abdomen	Abdominal palpation	Unremarkable - The abdomen was soft and compliant no masses or organomegaly.

\*Documents are available as separate attachments or files.

**MEDICAL HISTORY**

23-Nov-2018 to 25-Nov-2018

**Client****Paradise Animal Control** (91750)**872-6275 jen**

Other: (530) 872-6275

**Patient****2018-11-23 DLH Sawmill** Gray And Black**Rd** (39705)

Male / Neutered - 7.4 lb (26-Nov-2018)

Feline

Domestic Long Hair

Most recent visit date: 25-Nov-2018

Patient Alerts: n/a

Microchip No.: n/a

Rabies tag ID / date : n/a

**Current medical overview: as of 26-Nov-2018**

<b>Service Reminders</b>	<b>Due Date</b>
Physical Exam	Review
Fel Rabies	Review
Fel Panleukopenia	Review
Fel Respiratory Virus	Review
Fel Leukemia	Review
Fecal Exam	Review
Fel Heartworm RX	Review
Fel Flea Prevention	Review
Fel Dental Cleaning	Review

<b>Weight by Age</b>	<b>Wt.</b>	<b>Record date</b>
n/a		

<b>Active Concerns</b>	<b>Established</b>
Inappetence.	25-Nov-2018
Superficial corneal ulcer	24-Nov-2018
Burn victim	24-Nov-2018

<b>Inactive Concerns</b>	<b>Established</b>
n/a	

<b>Resolved Concerns</b> (since 23-Nov-2018)	<b>Established</b>	<b>Resolved</b>
n/a		

<b>Medications</b> (since 25-Nov-2017)	<b>Amount</b>	<b>Disp. Date</b>
<b>Cefovecin (Convenia) 80mg/mL/mL</b>	0.40 mL	23-Nov-2018
In house.		
24-Nov-2018 08:37: Your pet may be eligible for a rebate...Go to <a href="http://zoetispetcarerewards.com">zoetispetcarerewards.com</a> for details.		

# SAMPLE: COMPANION ANIMAL 24 HOUR TREATMENT / MONITORING RECORD

4.0#

Steve ~~XXXXXX~~  
"Mishin"

Client ID: <u>Steve "Mishin"</u>														Animal ID: <u>STEVEN TYLER</u>													
Veterinarian: _____														Date: <u>11-26</u>													
Problem List:																											
1. _____																											
2. _____																											
3. _____																											
4. _____																											
am	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6			
Initials																											
T									102.2		100.1																
P									puking		192																
R																											
MM Colour									P		P																
CRT (sec)									<1sec																		
Attitude									BAR																		
Fluids mls/hr																											
Fluids in																											
Urine out																											
BM																											
Vomit																											
Food																											
Water																											
Medications																											
Diagnostics																											

VERY Hungry  
1/2 can all



# SAMPLE: COMPANION ANIMAL 24 HOUR TREATMENT / MONITORING RECORD

7.2#

Client ID:										Animal ID: STEVEN TYLER														
Veterinarian:										Date: 11/27/18														
Problem List:																								
1.																								
2.																								
3.																								
4.																								
am	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
Initials																								
T		100.9									101.9													
P		196									200/purr													
R		32									30													
MM Colour		P									PP													
CRT (sec)		4 sec									< 2													
Attitude		BAR									BAR													
Fluids mls/hr																								
Fluids in																								
Urine out																								
BM											Normal large													
Vomit																								
Food		good appetite									good AP													
Water																								
Medications		1/1 Bup SCR																						
Diagnostics																								

at dinner 11/26

# SAMPLE: COMPANION ANIMAL 24 HOUR TREATMENT / MONITORING RECORD

Client ID:												Animal ID: <b>STEVE TYLER</b>												
Veterinarian:												Date: <b>11/28</b>												
Problem List:																								
1.																								
2.																								
3.																								
4.																								
am	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
Initials																								
T									180															
P									purring															
R									98.8															
MM Colour									36															
CRT (sec)									P															
Attitude									1 sec															
Fluids mls/hr									BAR															
Fluids in																								
Urine out																								
BM																								
Vomit																								
Food																								
Water																								
Medications									0.1 Ket															
									0.1 But															
									0.1 Dex															
									0.1 Ant															
Diagnostics																								

Δ bandages  
 RF Talayra, healing well x4

7.15

<b>Client ID:</b>						<b>Animal ID:</b> <span style="font-size: 1.2em; font-family: cursive;">STEVE TYLER</span>											
<b>Veterinarian:</b>												<b>Date:</b> <span style="font-size: 1.2em; font-family: cursive;">11/29/12</span>					
<b>Problem List:</b>																	

am	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6		
Initials																										
T		100-																								
P		210																								
R		purring																								
MM Colour		PP																								
CRT (sec)																										
Attitude		Happy																								
Fluids mls/hr																										
Fluids in																										
Urine out																										
BM																										
Vomit																										
Food		A good																								
Water																										
Medications		BNP opt L:																								
Diagnostics																										

# SAMPLE: COMPANION ANIMAL 24 HOUR TREATMENT / MONITORING RECORD

Client ID:														Animal ID: <b>STEVE TYLER</b>													
Veterinarian:														Date: <b>12/2/19</b>													
Problem List:																											
1.																											
2.																											
3.																											
4.																											
am	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6			
Initials																											
T																											
P																											
R																											
MM Colour																											
CRT (sec)																											
Attitude																											
Fluids mls/hr																											
Fluids in																											
Urine out																											
BM																											
Vomit																											
Food																											
Water																											
Medications																											
Diagnostics																											

Im } K.O.1  
 T.O.1  
 Derm O.1  
 ASO.1  
 Δ bandage

# SAMPLE: COMPANION ANIMAL 24 HOUR TREATMENT / MONITORING RECORD

Client ID:														Animal ID: <b>STEVE TYLER</b>													
Veterinarian:														Date: <b>12/3/18</b>													
Problem List:																											
1.																											
2.																											
3.																											
4.																											
am	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6			
Initials																											
T																											
P																											
R																											
MM Colour																											
CRT (sec)																											
Attitude																											
Fluids mls/hr																											
Fluids in																											
Urine out																											
BM																											
Vomit																											
Food																											
Water																											
Medications	<div style="border: 1px solid black; padding: 5px; margin: 5px;"> A bandage  healing well - RF dorsal aspect still  has kept </div>																										
Diagnostics																											

0.1 ml Dexdormitor  
 0.1 ml Ketamine  
 0.1 ml Butorphanol  
 0.1 ml Antiprurazole

} IM

# SAMPLE: COMPANION ANIMAL 24 HOUR TREATMENT / MONITORING RECORD

Client ID:					Animal ID: <i>Steve Tyler</i>																	
Veterinarian:										Date: <i>12-6-18</i>												
Problem List:																						
1.																						
2.																						
3.																						
4.																						

am	7	8	9	10		12	1	2	3	4	5	6	
Initials					<p>Client #: 91750                  25 American Way Paradise, CA 95969                  Ther: (530) 872 - 6275 Back line: (530) 872 - 6276                  Fax: (530) 872 - 5911                  2018-11-23 DLH Sawmill Rd" (#39705)                  Species: <b>Feline - Domestic Long Hair</b>                  Color: <b>Gray And Black</b> DOB:                  Sex: <b>Male Neutered</b></p>								
T													
P													
R													
MM Colour													
CRT (sec)													
Attitude													
Fluids mls/hr													
Fluids in													
Urine out													
BM													
Vomit													
Food													
Water													
Medications					<p><i>0.1 Ant.</i>  <i>0.1 Dexam</i>  <i>0.1 Bet</i>  <i>0.1 Ket</i></p>								
Diagnostics					<p><i>Removed Rtl bandage treatment</i></p>								

*Resolution topical ear mites*